

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2022 OF THE CONDITION AND AFFAIRS OF THE

TOTAL HEALTH CARE USA, INC.

Organized under the Laws of Michigan (State of Domicile or Port of Entry Mill Country of Domicile United States of America United States of America Licensed as business type: Health Maintenance Organization Is MAO Federally Qualified? Yes [X] No [] Incorporated/Organized 02/18/1994 Commenced Business 02/18/1994 Statutory Home Office 27/77 Franklin Rd. Sulte 1300 Southfield, MI. US 48034-2334 (City or Town, State, Country and Zip Code) (Street and Number) State Belltine Ave NE (Street and Number) 313-871-7878 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Street and Number or P.O. Box) (City or Town, State, Country and Zip Code) (Street and Number or P.O. Box) (City or Town, State, Country and Zip Code) (Street and Number or P.O. Box) (City or Town, State, Country and Zip Code) (Street and Number or P.O. Box) (City or Town, State, Country and Zip Code) (Street and Number or P.O. Box) (City or Town, State, Country and Zip Code) (Street and Number) 13-871-7878 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Supplied Mill, US 48034-2337 (Street and Number) 13-871-7878 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Street and Number or P.O. Box) (Street and Number) 13-871-7878 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Statutory Statement Contact SARA JANE MCGI,YNN 313-393-8466 Statutory Statement Contact SARA JANE MCGI,YNN 313-393-8466 (Name) (Area Code) (Telephone Number) 313-784-193 (Rame) (Area Code) (Telephone Number) 313-784-193 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) 313-784-193 (Rame) (Area Code) (Telephone Number) 313-784-193 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) 313-784-193 (Rame) (Area Code) (Telephone Number) 313-784-193 (Rame) (Area Code)	NAIC Grou		NAIC Company Code	e <u>12326</u> Employer's IE	Number <u>38-3240485</u>
Licented as business type: Health Maintenance Organization	Organized under the Laws of		, 5	State of Domicile or Port of Er	ntryMI
Is MMO Federally Qualified? Yes [X] No [] Incorporated/Organized 02/18/1994 Commenced Business 02/18/1994 Commenced Business 02/18/1994 Commenced Business 02/18/1994 Statutory Home Office 27777 Franklin Rd, Sulte 1300 (Sitreet and Number) (City or Town, State, Country and Zip Code) Main Administrative Office 1231 East Bettline Ave NE (Sitreet and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Sitreet and Number or P.O. Box) (City or Town, State, Country and Zip Code) (Sitreet and Number or P.O. Box) (City or Town, State, Country and Zip Code) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Area Co	Country of Domicile		United States	of America	
Incorporated/Organized 1021B1994 Commenced Business 021B1994 Statutory Home Office 27777 Franklin Rs, Suite 1300 Southfield, MI, US 48034-2334 (City or Town, State, Country and Zip Code) (Street and Number) (City or Town, State, Country and Zip Code) (Grand Rapids, MI, US 49025-4501 (Street and Number) 313-871-7878 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Street and Number or P.O. Box) (City or Town, State, Country and Zip Code) (Street and Number or P.O. Box) (City or Town, State, Country and Zip Code) (Street and Number or P.O. Box) (City or Town, State, Country and Zip Code) (Street and Number or P.O. Box) (City or Town, State, Country and Zip Code) Primary Location of Boxes and Records 277777 Franklin Rd, Suite 1300 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) Southfield, MI, US 48034-2337 (Silved and Number) (Area Code) (Telephone Number) Internet Website Address THCMICOM State Code (Telephone Number) (Area Code) (Telephone Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (City or Town, State, Count	Licensed as business type:		Health Maintenanc	e Organization	
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Street and Number (City or Town, State, Country and Zip Code)	Incorporated/Organized	02/18/1994		Commenced Business	02/18/1994
Street and Number (City or Town, State, Country and Zip Code)	Statutory Home Office	27777 Franklin Rd. Suite	1300		Southfield MLUS 48034-2334
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Mail Address					
City or Town, State, Country and Zip Code	. ,			·	,, ,
Primary Location of Books and Records Southfield, MI, US 48034-2337 (City or Town, State, Country and Zip Code) Internet Website Address THCML COM Statutory Statement Contact SARA JANE MCGLYNN (Name) (Name) (Area Code) (Telephone Number) THCML COM Sara mcglynn@priorityhealith.com (Name) (Remail Address) (PEAN Number) CHAIRPERSON PRAVEEN GOPE THADANI JOYCE CHAN RUSSELL NICHOLAS PATRICK GATES DIRECTORS OR TRUSTEES MICHOLAS PATRICK GATES SECRETARY MISBERLY LYNN THOMAS State of Michigan SS State of Michigan SS State of Michigan SS State of Michigan SS SS State of Michigan SS SS SS The officers of this reporting entity being duly swom, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, and off is income and deductions therefore, and eductions therefore, and reporting entity as of the reporting period stated above, and off is income and deductions therefore, and reporting entity as of the said reporting	Mail Address				• • • • • • • • • • • • • • • • • • • •
(Street and Number) Southfield, MI, US 48034-2337 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) THCML COM THCML COM Statutory Statement Contact SARA JANE MCGLYNN (Name) (Area Code) (Telephone Number) Sara mcglynn@norityhealth.com (Name) (E-meil Address) (FAX Number) (FAX Number) OFFICERS CHAIRPERSON PRAVEEN GOPE THADANI TREASURER NICHOLAS PATRICK GATES OTHER DIRECTORS OR TRUSTEES MICHALE ADAM JASPERSON JOYGE CHAN RUSSELL NICHOLAS PATRICK GATES NICHOLAS PATRICK GATES State of Country of The officers of this reporting entity, being duly swom, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above all of the herein described assets were the absolute property of the said reporting entity, free and clear from any learn or claims thereon, except as herein stated, and that this statement, of all the said reporting period stated above, and of its income and deductions therefrom for the period ended, and have been complete in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures annual except to the statement of all the assets and liabilities and of the conditions require differences in reporting port destated above, and of its income and deductions therefrom for the period ended, and have been complete in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures, according to the best of their information, knowledge and belief in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures, according to the best of their information, knowledge and belief in accordance with the NAIC Annual Control filling) of the enclosed statement. The electronic filling may be requested by various regulators in lieu of or in addition to the enclosed statement. PRESIDENT NICHOLAS PATRICK GATES KIMBERLY LYNN THOMAS SECRETARY Subscribed and swom to before me this a. Is this an original filing?	Drimany Location of Books and Book	`	,	` •	,
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Internet Website Address	-				
Statutory Statement Contact SARA JANE MCGLYNN , 313-293-6466 (Name) (Name) (Rame) (Ra	(City or Tow	n, State, Country and Zip Code)		(A	rea Code) (Telephone Number)
Carea Code) (Telephone Number) 313-748-1391 313-748-1391 (E-mail Address) OFFICERS (FAX Number) (FAX Nu	Internet Website Address		THCMI.	СОМ	
Sara_moglynn@priorityheatlh.com	Statutory Statement Contact	SARA JANE M	CGLYNN	, <u> </u>	313-293-6466
CHAIRPERSON PRAVEEN GOPE THADANI SECRETARY KIMBERLY LYNN THOMAS TREASURER NICHOLAS PATRICK GATES OTHER DIRECTORS OR TRUSTEES MICHAEL ADAM JASPERSON KIMBERLY LYNN THOMAS State of Michigan SS The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been complete in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that (f) state law may differ; or, (2) that state unless or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief respectively. Furthermore, the scope of this attestation by the described officers also includes the related corporation filling with the NAIC Annual Statement of the described officers also includes the related corporation filling with the NAIC Annual Statement of the scope of this attestation by the described officers also includes the related to filling may be requested by various regulators in lieu of or in addition to the enclosed statement. PRAVEEN GOPE THADANI NICHOLAS PATRICK GATES KIMBERLY LYNN THOMAS SECRETARY Subscribed and swom to before me this day of 1. State the amendment number	sara m	,)		, , , , ,
CHAIRPERSON PRAVEEN GOPE THADANI NICHOLAS PATRICK GATES OTHER DIRECTORS OR TRUSTEES MICHAEL ADAM JASPERSON KIMBERLY LYNN THOMAS State of Michigan County of Michig	- Jara.iii		,		
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PRESIDENT TREASURER SECRETARY a. Is this an original filing?	all of the herein described assets statement, together with related ext condition and affairs of the said rep in accordance with the NAIC Annurules or regulations require differ respectively. Furthermore, the sco	were the absolute property of the nibits, schedules and explanations orting entity as of the reporting pet all Statement Instructions and Ac ences in reporting not related to pe of this attestation by the description.	e said reporting entity, is therein contained, and entition stated above, and counting Practices and o accounting practices wibed officers also inclu	free and clear from any liens nexed or referred to, is a full a of its income and deductions Procedures manual except to and procedures, according des the related correspondin	or claims thereon, except as herein stated, and that this and true statement of all the assets and liabilities and of the therefrom for the period ended, and have been completed to the extent that: (1) state law may differ; or, (2) that state to the best of their information, knowledge and belief g electronic filing with the NAIC, when required, that is an
Subscribed and sworn to before me this b. If no, day of 1. State the amendment number		DANI		RER	SECRETARY
				b. If no, 1. State the amendment	ent number

3. Number of pages attached.....

Exhibit 2 - A&H Premiums Due and Unpaid **NONE**

Exhibit 3 - Health Care Receivables **NONE**

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

	Health Care Rece			ceivables Accrued	5	6
	or Offset Du	ring the Year	as of December	31 of Current Year	Health Care	Estimated Health Care
	On Amounts Accrued		On Amounts Accrued	7	Receivables from	Receivables Accrued
	Prior to January 1 of	On Amounts Accrued	December 31 of	On Amounts Accrued	Prior Years	as of December 31
Type of Health Care Receivable	Current Year	During the Year	Prior Year	During the Year	(Columns 1 + 3)	of Prior Year
Pharmaceutical rebate receivables					0	0
Claim overpayment receivables	85,618	0	0	0	85,618	85,618
Loans and advances to providers					0	0
Capitation arrangement receivables					0	0
5. Risk sharing receivables					0	0
Other health care receivables					0	0
7. Totals (Lines 1 through 6)	85,618	0	0	0	85,618	85,618

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported) Aging Analysis of Unpaid Claims

1199999 Addrividually listed claims unpaid 0 0 0 0 0 0 0 0 0	Aging Analysis of Unpa	d Claims					
Claims Unpaid (Reported)	1	2	3	4	5		7
1989999, Adjregate accounts not individually listed-uncovered 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
	Claims Unpaid (Reported)						
399999 Aggregate accounts not individually listed-covered 0 0 0 0 0 0 0 0 0 0 0 0	0199999. Individually listed claims unpaid	0	0	0	0	0	
399999 Aggregate accounts not individually listed-covered 0 0 0 0 0 0 0 0 0 0 0 0	0299999. Aggregate accounts not individually listed- uncovered						
276 1699999. Unreported claims and other claim reserves 1699999. Total amounts withheld 1799999. Total claims unpaid 170 170 170 170 170 170 170 170 170 170	0399999. Aggregate accounts not individually listed-covered						
1699999. Total amounts withheld 1799999. Total claims unpaid 1709999. Total claims unpaid 17099999. Total claims unpaid 1709999. Total claims unpaid 17099999. Total claims unpaid 170999999. Total claims unpaid 17099999. Total claims unpaid 17099999	0499999. Subtotals	0	0	0	0	0	
1699999. Total amounts withheld 1799999. Total claims unpaid 1709999. Total claims unpaid 17099999. Total claims unpaid 1709999. Total claims unpaid 17099999. Total claims unpaid 170999999. Total claims unpaid 17099999. Total claims unpaid 17099999	0599999. Unreported claims and other claim reserves						278,2
	0699999. Total amounts withheld						
	0799999. Total claims unpaid						278,21

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
0399999 Total gross amounts receivable							

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
0199999. Individually listed payables		0	0	0
0299999. Payables not individually listed		1,752,083	1,752,083	0
0399999 Total gross payables	1	1,752,083	1,752,083	0

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

8. Bonus/withhold arrangements - contractual fee payments

10. Aggregate cost arrangements

13. TOTAL (Line 4 plus Line 12)

11. All other payments ..

12. Total other payments

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE TOTAL HEALTH CARE USA, INC.

	1	2	3	4	5	б
						Column 1
	Direct Medical	Column 1	Total	Column 3	Column 1	Expenses Paid to Non-Affiliated
	Expense	as a %	Members	as a %	Expenses Paid to	Non-Affiliated
Payment Method	Payment	of Total Payments	Covered	of Total Members	Affiliated Providers	Providers
Capitation Payments:						
1. Medical groups		0.0		0.0		
2. Intermediaries		0.0		0.0		
3. All other providers		0.0		0.0		
4. Total capitation payments	C	0.0	0	0.0	0	0
Other Payments:						
5. Fee-for-service	69,926	3	XXX	XXX		69,926
6. Contractual fee payments	11,549,391	92.3	XXX	XXX		11,549,391
7 Ronus/withhold arrangements - fee-for-service	, ,	0.0	xxx	xxx		, ,

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100.0

100%

12,508,369

12,508,369

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.XXX.

.XXX.

..XXX..

XXX

XXX

12,508,369

12,508,369

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
			Average		Intermediary's
			Monthly	Intermediary's	Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Intermediary's Total Adjusted Capital	Control Level RBC
l					
l					
		0	XXX	XXX	XXX
9999999 Totals		U	^^^	***	***

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total						



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION TOTAL HEALTH CARE USA, INC. 2. Southfield, MI

(LOCATION)														
NAIC Group Code 3383		IN THE STATE			_	_	T		NG THE YEAR	2022		IC Company Co		12326
	1	Compre (Hospital 8		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	25 , 181	8,987	16,194											
2. First Quarter	0	0	0											
3. Second Quarter	0	0	0											
4. Third Quarter		0	0											
5. Current Year	0	0	0											
6. Current Year Member Months	0	0	0											
Total Member Ambulatory Encounters for Year:														
7 Physician	0	0	0											
8. Non-Physician	0	0	0											
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0											
11. Number of Inpatient Admissions	0	0	0											
12. Health Premiums Written (b)		(623,611)	827,262											
13. Life Premiums Direct														
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	203,651	(623,611)	827,262											
16. Property/Casualty Premiums Earned	0													
Amount Paid for Provision of Health Care Services	12,508,369	4,725,109	7,783,260											
Amount Incurred for Provision of Health Care Services	(2,454,860)	(551,022)	(1,903,838)											



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

2. Southfield, MI REPORT FOR: 1. CORPORATION TOTAL HEALTH CARE USA, INC.

	D. 1011150							-			•	CATION)		40000
NAIC Group Code 3383	BUSINESS 1	S IN THE STATE Compre		Total 4	5	6	7	DURI 8	NG THE YEAR	2022 10	2 NA 11	IC Company Co	ode 13	12326 14
	·	(Hospital 8	& Medical)	Medicare	-		Federal Employees Health	Title XVIII	Title XIX		Disability	Long-Term		Other
	Total	Individual	Group	Supplement	Vision Only	Dental Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Other Health	Non-Health
Total Members at end of:														
1. Prior Year	25,181	8,987	16,194	0	0	0	0	0	0	0	0	0	0	
2. First Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Second Quarter	0	0	0	0	0	0	0 .	0	0	0	0	0	0	
4. Third Quarter	0	0	0	0	0	0	0 .	0	0	0	0	0	0	
5. Current Year	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:														
7 Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0 .	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	203,651	(623,611)	827,262	0	0	0	0 .	0	0	0	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0 .	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	203,651	(623,611)	827,262	0	0	0	0	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	12,508,369	4,725,109	7,783,260	0	0	0	0 .	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	(2,454,860)	(551,022)	(1,903,838)	0	0	0	0	0	0	0	0	0	0	

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 4 - Bank Footnote

NONE

Schedule S - Part 5

NONE

Schedule S - Part 5 - Bank Footnote

NONE

SCHEDULE S - PART 6

	Five Year Ex	xhibit of Reinsuranc	e Ceded Business	(\$000 Omitted)		Γ
		1 2022	2 2021	3 2020	4 2019	5 2018
	A. OPERATIONS ITEMS					
1.	Premiums	0	851	718	687	710
2.	Title XVIII - Medicare	0	0	0	0	0
3.	Title XIX - Medicaid	0	0	0	0	0
4.	Commissions and reinsurance expense allowance					
5.	Total hospital and medical expenses					
	B. BALANCE SHEET ITEMS					
6.	Premiums receivable					
7.	Claims payable	0	0	0	0	0
8.	Reinsurance recoverable on paid losses	0	544	306	279	287
9.	Experience rating refunds due or unpaid					
10.	Commissions and reinsurance expense allowances due					
11.	Unauthorized reinsurance offset					
12.	Offset for reinsurance with Certified Reinsurers					
	C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13.	Funds deposited by and withheld from (F)	0	0	0	0	0
14.	Letters of credit (L)	0	0	0	0	0
15.	Trust agreements (T)	0	0	0	0	0
16.	Other (O)	0	0	0	0	0
	D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17.	Multiple Beneficiary Trust			0	0	0
18.	Funds deposited by and withheld from (F)			0	0	0
19.	Letters of credit (L)			0	0	0
20.	Trust agreements (T)			0	0	0
21.	Other (O)			0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	,	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	6,605,608		6,605,608
2.	Accident and health premiums due and unpaid (Line 15)	0		0
3.	Amounts recoverable from reinsurers (Line 16.1)	0		0
4.	Net credit for ceded reinsurance	xxx	0	0
5.	All other admitted assets (Balance)	13,882		13,882
6.	Total assets (Line 28)	6,619,490	0	6,619,490
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	278,217		278,217
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 8)	0		0
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0		0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)			0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	2,596,740		2,596,740
15.	Total liabilities (Line 24)	2,874,957	0	2,874,957
16.	Total capital and surplus (Line 33)	3,744,533	XXX	3,744,533
17.	Total liabilities, capital and surplus (Line 34)	6,619,490	0	6,619,490
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	. 0		
23.	Total ceded reinsurance recoverables	. 0		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	. 0		
30.	Total ceded reinsurance payables/offsets	. 0		
31.	Total net credit for ceded reinsurance	0		

Schedule T - Part 2 - Interstate Compact NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

		_				_		_	- 10		10	- 10	1	1 4- 1	- 10
1	2	3	4	5	6	/	8	9	10	11	_12	13	14	15	16
											Туре	l†			
											of Control	Control			
											(Ownership,	is		Is an	
						Name of Securities			Relation-		Board,	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filing	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.Ś. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No)	*
. 3383	Priority Health	95561	38-2715520	0	0		Priority Health	MI	UDP	Corewell Health	Ownership	94.400	Corewell Health		1
l	, , , , , , , , , , , , , , , , , , ,			0	0			l		Munson HealthCare	Ownership	5.600			1
. 3383	Priority Health	11520	32-0016523	0	0		Priority Health Choice, Inc.	MI	IA	Priority Health	Ownership		Corewell Health		0
. 3383	Priority Health	12208	20-1529553	0	0		Priority Health Insurance Company	MI	IA	Priority Health	Ownership		Corewell Health		0
	Priority Health		38-2018957	0	0		Total Health Care Inc.	MI	IA	Priority Health	Ownership		Corewell Health		0
	Priority Health		38-3240485	0	0		Total Health Care USA Inc.	MI	IA	Total Health Care Inc.	Ownership		Corewell Health		0
	Priority Health		84-2310771	0	0		Total Health Care Foundation	MI	NI A	Priority Health	Board of Directors		Corewell Health		0
. 3383	Priority Health		38-2715520	0	0		PHMB Properties, LLC	MI	NIA	Priority Health	Ownership		Corewell Health		0
. 3383	Priority Health		38-2663747		0		Trinity Health Plans	MI	NI A	Priority Health	Ownership		Corewell Health		0
	Priority Health		38-3085182	0	0		Priority Health Managed Benefits, Inc	MI	NIA	Corewell Health	Ownership		Corewell Health		0
				0	0		Spectrum Health Grand Rapids	MI	NIA	Corewell Health	Ownership		Corewell Health		0
				0	0		Spectrum Health Big Rapids Hospital	MI	NIA	Corewell Health	Ownership		Corewell Health		0
				0	0		Spectrum Health Reed City Hospital	MI	NI A	Corewell Health	Ownership		Corewell Health		0
				0	0		Spectrum Health Gerber Hospital	MI		Corewell Health	Ownership	100.000	Corewell Health		0
				0	0		Spectrum HeatIh Ludington Hospital	MI	NI A	Corewell Health	Ownership		Corewell Health		0
				0	0		Spectrum Health Pennock	MI	NI A	Corewell Health	Ownership		Corewell Health		0
				0	0		Spectrum Health United Hospital	MI	NI A	Corewell Health	Ownership	100.000	Corewell Health		0
				0	0		Spectrum Health Kelsey Hospital	MI	NI A	Corewell Health	Ownership		Corewell Health		0
				0	0		Spectrum Health Zeeland Community Hospital .	MI	NI A	Corewell Health	Ownership	100.000	Corewell Health		0
				0	0		Spectrum Health Continuing Care	MI	NI A	Corewell Health	Ownership	100.000	Corewell Health		0
				0	0		Spectrum HeatIh Medical Group	MI	NI A	Corewell Health	Ownership		Corewell Health		0
				0	0		Spectrum Health Lakeland	MI	NI A	Corewell Health	Ownership		Corewell Health		0
				0	0		Beaumont Health	MI	NI A	Corewell Health	Ownership	100.000	Corewell Health		0
											1				

Asterisk	Explanation	

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

		. ,	O O		JU:_:\ U		110140 44		· · · · · -	.,		
1	2	3	4	5	6	7	8	9	10	11	12	13
						Income/						
						(Disbursements)						
					Purchases, Sales	Incurred in						Reinsurance
					or Exchanges of	Connection with		Income/		Any Other Material		Recoverable/
					Loans, Securities,	Guarantees or		(Disbursements)		Activity Not in the		(Payable) on
NAIC							M	Incurred Under				
NAIC	ID.	Names of Incomes and Daniel	Ob a sabalata	0:	Real Estate,	Undertakings for	Management			Ordinary Course of		Losses and/or
Company	ID	Names of Insurers and Parent,	Shareholder	Capital	Mortgage Loans or	the Benefit of any	Agreements and	Reinsurance	*	the Insurer's	T. (.)	Reserve Credit
Code	Number	Subsidiaries or Affiliates	Dividends	Contributions	Other Investments	Affiliate(s)	Service Contracts	Agreements	,	Business	Totals	Taken/(Liability)
12208	20-1529553	Priority Health Insurance Company		0	0	0	(21,704,053)				21,509,422	
	38-3085182	Priority Health Managed Benefits	0	0	0	0	411,824,726				(375,008,243)	
95561	38-2715520		87.200.000	0	0	0	(320,638,638)				280,545,337	
	32-0016523	Priority Health Choice, Inc.	(30,000,000)	0	0	0	(65,260,785)				47,725,563	
	38-2018957	Total Health Care Inc.	(27,600,000)	0	Λ		(2,110,625)	•••••			13,979,288	
	38-3240485	Takal Haalika Oana HOA Laa									11.248.632	
12326	38-3240485	Total Health Care USA Inc	(29,600,000)	0	0	0	(2,110,625)				11,248,632	
9999999 Co	ntrol Totals		0	0	0	0	0	0	XXX	0	0	0
				•	•	· · ·		· · · · · · · · · · · · · · · · · · ·	,,,,,,,			· · · · · · · · · · · · · · · · · · ·

SCHEDULE Y

PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

PART 3 - ULTIMATE CONTROL	LLING PARTT AND LISTING OF O	, I LEK 0.3. INS	OKANCI	E GROUPS OR ENTITIES UNDER	THAT ULTIMATE CONTROLLING	ARITOCON	INOL
1	2	3	4	5	6	7	8
			Granted				Granted
			Disclaimer				Disclaimer
			of Control\				of Control\
			Affiliation of				Affiliation of
		Ownership	Column 2			Ownership	Column 5
		Percentage	Over			Percentage	Over
		Column 2 of	Column 1		U.S. Insurance Groups or Entities Controlled	(Column 5 of	Column 6
Insurers in Holding Company	Owners with Greater Than 10% Ownership	Column 1	(Yes/No)	Ultimate Controlling Party	by Column 5	Column 6)	(Yes/No)
Priority Health	Corewell Health		NO	Corewell Health	Priority Health	94.400	NO
Priority Health Choice, Inc.	Priority Health		NO	Corewell Health	Priority Health	94.400	
Priority Health Insurance Company	Priority Health		NO	Corewell Health	Priority Health	94.400	NO
Total Health Care Inc.	Priority Health		NO	Corewell Health	Priority Health	94.400	NO
Total Health Care USA Inc.	Total Health Care Inc.		NO	Corewell Health	Priority Health	94.400	NO
					,		

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

REQUIRED FILINGSThe following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		<u> </u>	Responses
	MARCH FILING		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by Ma		YES
2.	Will an actuarial opinion be filed by March 1?		YES
3. 4.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? Will the confidential Risk-based Capital Report be filed with the state of domicile, if re		YES YES
₹.	will the confidential Nisk-based Capital Neport be filed with the state of dominine, in the	squired, by March 1:	IEO
	APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?		YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?		YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?		YES
^	JUNE FILING		\/E0
8. 9.	Will an audited financial report be filed by June 1?		YES YES
٥.		,	IEO
		NTAL FILINGS	
	The following supplemental reports are required to be filed as part of your annual st supplement. However, in the event that your company does not transact the to to the specific interrogatory will be accepted in lieu of filing a "NONE" report a but is not being filed for whatever reason enter SEE EXPLANATION and provide an MARCH FILING	ype of business for which the special report must be filed ind a bar code will be printed below. If the supplement is reexplanation following the interrogatory questions.	, your response of NO
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of		NO
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the		NO NO
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of do		NO
13.	Will the actuarial opinion on participating and non-participating policies as required in be filed with the state of domicile and electronically with the NAIC by March 1?		NO
14.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3		110
	domicile and electronically with the NAIC by March 1?		NO
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and		NO NO
16.	Will an approval from the reporting entity's state of domicile for relief related to the five electronically with the NAIC by March 1?		NO
17.	Will an approval from the reporting entity's state of domicile for relief related to the or		NO
	electronically with the NAIC by March 1?		NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the Remark to a NAIO by March 40		NO
	with the NAIC by March 1?		NO
	APRIL FILING		
19.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domin	cile and the NAIC by April 1?	NO
20.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the	NAIC?	NO
21.			YES
22.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allo		\/F0
23.	NAIC by April 1? Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - F		YES
23.	NAIC by April 1?		NO
	7.7		
24. 10. 11. 12. 13. 14.	Will Management's Report of Internal Control Over Financial Reporting be filed with a Explanations:	he state of domicile by August 1?	YES
15. 16			
16. 17.			
18.			
19.			
20.			
23.			
	Bar Codes:		
10.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	21 ST 118 18 18 88 111 18 118 18 ST 18 118 11 SET 18 118 18 18 88 111 18 ST 11 SET 11 SET 11 SET 11 SET 11 SET	
	'! !!	1 2 3 2 6 2 0 2 2 3 6 0 0 0	0 0
11.	Life Supplement [Document Identifier 205]	#1 B1 118 18 118 B2 111 18 118 18 B11 18 118 11 BB1 18 118 1	
	110	1 2 3 2 6 2 0 2 2 2 0 5 0 0 0	0 0
12.	SIS Stockholder Information Supplement [Document Identifier 420]	#	
	11	1 2 3 2 6 2 0 2 2 4 2 0 0 0 0	0 0
13.	Participating Opinion for Exhibit 5 [Document Identifier 371]		
		1 2 3 2 6 2 0 2 2 3 7 1 0 0 0	0 0
14.	Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]		
		# \$	
4.5	Madieure Port D Couerese Curalinant ID-manual III 115 1000		V 0
15.	Medicare Part D Coverage Supplement [Document Identifier 365]	# 31 THE 18 THE BEAUTH OF THE 18 THE BEAUTH OF THE 18 THE BEAUTH OF THE STATE OF THE STATE OF THE STATE OF THE	
		% 31 1 1 2 1 1 3 3 1 1 3 3 1 3 1 1 3 3 3 3	
40	Della farma the first constant of the first		0 0 # ==
16.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	# 31 THE REPORT OF THE REP	
	TOO TOTAL CONTROL OF THE PROPERTY OF THE PROPE	VI SI ÎND NA ÎND BA ÎNI NA ÎND NA	II ŠŲ II ŠUI I ili
17	Relief from the one-year cooling off period for independent CPA		
17.	[Document Identifier 225]		

18. Relief from the Requirements for Audit Committees [Document Identifier 226]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 19. Long-Term Care Experience Reporting Forms [Document Identifier 306]
- 20. Life Supplement [Document Identifier 211]
- 23. Life, Health & Annuity Guaranty Association Assessable Premium Exhibit Parts 1 and 2 [Document Identifier 290]

